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**\*BIBDATASHEET\***

CONFIRMATION NO. 4511

Bib Data Sheet

SERIAL NUMBER 10/643,513	FILING DATE 08/19/2003  RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. 279.494US2
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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/839,123 04/20/2001 PAT 6,618,617

Cltz 8/23/04

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

none Cltz 8/23/04

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 11/13/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 3	TOTAL CLAIMS 38	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Carl R. Lippert</i> Cltz Examiner's Signature Initials				

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## TITLE

Delay to therapy following patient controlled atrial shock therapy request

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input checked="" type="checkbox"/> All Fees
RECEIVED	No. _____ for following:	<input checked="" type="checkbox"/> 1.16 Fees ( Filing )
		<input checked="" type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input checked="" type="checkbox"/> 1.18 Fees ( Issue )

1242	<div>7.10.1.000 (1990)</div> <div><input type="checkbox"/> Other _____</div> <div><input type="checkbox"/> Credit</div>
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